

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Office and Professional Employees International Union - Voice of the Electorate

ADDRESS (number and street)

1660 L STREET, NW

SUITE 801

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00007898

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 0 5

through

1 2

3 1

2 0 0 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Nancy Wohlforth

Signature of Treasurer

Electronically Filed by Nancy Wohlforth

Date

0 3

1 3

2 0 0 6

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		208694.46
(b) Cash on Hand at Beginning of Reporting Period .....	208694.46	
(c) Total Receipts (from Line 19) .....	122617.17	252416.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	331311.63	461111.33
7. Total Disbursements (from Line 31) .....	11946.50	133454.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	319365.13	327657.33
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	88557.00	144367.88
(i) Itemized (use Schedule A) .....	34060.17	92548.99
(ii) Unitemized .....	122617.17	236916.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	122617.17	236916.87
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	15500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	122617.17	252416.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	122617.17	252416.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	31507.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	31507.50
22. Transfers to Affiliated/Other Party Committees.....	3546.50	3546.50
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2250.00	34250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	6150.00	64150.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11946.50	133454.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11946.50	133454.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	122617.17	236916.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	122617.17	236916.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	31507.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	31507.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) John Akers Mailing Address 17504 Emiline St City Omaha State NE Zip Code 68136-2026 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1280.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38538</b> Amount of Each Receipt this Period 400.00
<b>B.</b> Full Name (Last, First, Middle Initial) John Akers Mailing Address 17504 Emiline St City Omaha State NE Zip Code 68136-2026 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1280.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41223</b> Amount of Each Receipt this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Walter Allen Mailing Address 7419 Cuvier St City La Jolla State CA Zip Code 92037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OPEIU, LOCAL NO.30 Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 814.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID: C41399</b> Amount of Each Receipt this Period 245.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1045.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Walter Allen

Mailing Address 7419 Cuvier St

City State Zip Code  
 La Jolla CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU, LOCAL NO.30

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 0 / 2 0 0 5

Transaction ID: C41423

Amount of Each Receipt this Period

569.00

B. Full Name (Last, First, Middle Initial)

Richard Altig, Jr

Mailing Address 12309 98th Avenue Ct NW

City State Zip Code  
 Gig Harbor WA 98329-6941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7091.22

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38540

Amount of Each Receipt this Period

1656.00

C. Full Name (Last, First, Middle Initial)

Richard Altig, Jr

Mailing Address 12309 98th Avenue Ct NW

City State Zip Code  
 Gig Harbor WA 98329-6941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7091.22

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41255

Amount of Each Receipt this Period

1656.00

**SUBTOTAL** of Receipts This Page (optional) .....

3881.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) RICK ALTIG Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 10025 111th AVE NE		<b>Transaction ID:</b> C38764
City KIRKLAND	State WA	Zip Code 98033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1664.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

<b>B.</b> Full Name (Last, First, Middle Initial) RICK ALTIG Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 10025 111th AVE NE		<b>Transaction ID:</b> C41256
City KIRKLAND	State WA	Zip Code 98033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1664.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Rajeev Arora		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 22850 W BLUFF DR		<b>Transaction ID:</b> C38779
City WEST LINN	State OR	Zip Code 97068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.22	

**SUBTOTAL** of Receipts This Page (optional) .....

3408.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Scott Baker

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38788

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

B. Scott Baker

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41155

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

C. WESLEY BANGS

Mailing Address 6567 CLEARWATER CREEK DR

City

LINO LAKES

State

MN

Zip Code

55038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38546

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

328.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** WESLEY BANGS

Mailing Address 6567 CLEARWATER CREEK DR

City State Zip Code  
 LINO LAKES MN 55038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41214

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Lorena Barriere

Mailing Address 149 W 88th Pl

City State Zip Code  
 Los Angeles CA 90003-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38548

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Lorena Barriere

Mailing Address 149 W 88th Pl

City State Zip Code  
 Los Angeles CA 90003-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41181

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Vlad Basov

Mailing Address 1062 Pedernales Trl

City State Zip Code  
 Irving TX 75063-9372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38549

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. Vlad Basov

Mailing Address 1062 Pedernales Trl

City State Zip Code  
 Irving TX 75063-9372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41065

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. Mack Bell

Mailing Address PO Box 208

City State Zip Code  
 Waco TX 76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38552

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Mack Bell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address PO Box 208		<b>Transaction ID:</b> C41158
City Waco	State TX	Zip Code 76703-0208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Yaroslav Bitman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 2 EMERALD TERRACE Suite 1		<b>Transaction ID:</b> C38814
City SWANSEA	State IL	Zip Code 62226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Yaroslav Bitman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 2 EMERALD TERRACE Suite 1		<b>Transaction ID:</b> C41224
City SWANSEA	State IL	Zip Code 62226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**SUBTOTAL** of Receipts This Page (optional) .....

880.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Lisa Blake Mailing Address 30445 Fox Club Drive City Farmington Hills State MI Zip Code 48331-1953 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OPEIU Local 42 Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5 <b>Transaction ID: C38376</b> Amount of Each Receipt this Period 24.00
<b>B.</b> Full Name (Last, First, Middle Initial) Lisa Blake Mailing Address 30445 Fox Club Drive City Farmington Hills State MI Zip Code 48331-1953 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OPEIU Local 42 Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 <b>Transaction ID: C39868</b> Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Lisa Blake Mailing Address 30445 Fox Club Drive City Farmington Hills State MI Zip Code 48331-1953 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OPEIU Local 42 Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41287</b> Amount of Each Receipt this Period 24.00

**SUBTOTAL** of Receipts This Page (optional) .....

78.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Bleier Mailing Address 917 E Windfield Pl Apt. A City Appleton State WI Zip Code 54911-1577 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38554</b> Amount of Each Receipt this Period 400.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Bleier Mailing Address 917 E Windfield Pl Apt. A City Appleton State WI Zip Code 54911-1577 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41225</b> Amount of Each Receipt this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Bleier Mailing Address 4325 N WINDING BROOK ROA City APPLETON State WI Zip Code 54914 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 353.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38555</b> Amount of Each Receipt this Period 100.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		900.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Bleier Mailing Address 4325 N WINDING BROOK ROA City State Zip Code APPLETON WI 54914 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 353.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41182</b> Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) David W Brister Mailing Address 2104 Arbor Dr City State Zip Code Shrewsbury MA 01545-6006 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3160.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C45447</b> Amount of Each Receipt this Period 1200.00
<b>C.</b> Full Name (Last, First, Middle Initial) David W Brister Mailing Address 2104 Arbor Dr City State Zip Code Shrewsbury MA 01545-6006 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3160.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C45449</b> Amount of Each Receipt this Period 160.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1460.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Tod Brown

Mailing Address 590 S Crawford St

City State Zip Code  
 Martinsville IN 46151-2318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38557

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Tod Brown

Mailing Address 590 S Crawford St

City State Zip Code  
 Martinsville IN 46151-2318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41215

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Jeffo CHURCHFIELD

Mailing Address 2576 VALLEY RD

City State Zip Code  
 MAPLE PLAIN MN 55359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38887

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Jeffo CHURCHFIELD

Mailing Address 2576 VALLEY RD

City State Zip Code  
 MAPLE PLAIN MN 55359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41159

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** David Cohen

Mailing Address 140 N Las Palmas Ave

City State Zip Code  
 Los Angeles CA 90004-1048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38565

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**C.** David Cohen

Mailing Address 140 N Las Palmas Ave

City State Zip Code  
 Los Angeles CA 90004-1048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41246

Amount of Each Receipt this Period

1600.00

**SUBTOTAL** of Receipts This Page (optional) .....

3280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Micah A. COHEN

Mailing Address 140 N LAS PALMAS

City State Zip Code  
 LOS ANGELES CA 90004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38895

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** Micah A. COHEN

Mailing Address 140 N LAS PALMAS

City State Zip Code  
 LOS ANGELES CA 90004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41260

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** TYRONE ALLEN CONARD

Mailing Address 14103 COVE LANDING DR #303

City State Zip Code  
 WOODBRIDGE VA 22191

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38566

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** TYRONE ALLEN CONARD

Mailing Address 14103 COVE LANDING DR #303

City State Zip Code  
**WOODBIDGE VA 22191**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 2 8 / 2 0 0 5**

Transaction ID: C41226

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** Lee F Conti, Jr

Mailing Address 635 W 21st St  
Apt B

City State Zip Code  
**San Pedro CA 90731-5578**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 0 5**

Transaction ID: C38567

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Lee F Conti, Jr

Mailing Address 635 W 21st St  
Apt B

City State Zip Code  
**San Pedro CA 90731-5578**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 2 8 / 2 0 0 5**

Transaction ID: C41184

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.** Full Name (Last, First, Middle Initial)  
KEITH CORNWELL

Mailing Address 328 PICKETT St

City State Zip Code  
PLAINFIELD IN 46168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38913

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
KEITH CORNWELL

Mailing Address 328 PICKETT St

City State Zip Code  
PLAINFIELD IN 46168

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41185

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
John Derosier, II

Mailing Address 1315 WOOD HOLLOW LANE

City State Zip Code  
MARIETTA GA 30067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38961

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

John Derosier, II

Mailing Address 1315 WOOD HOLLOW LANE

City State Zip Code  
 MARIETTA GA 30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41186

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

William Devine

Mailing Address 802 Woodberry Ct

City State Zip Code  
 Euless TX 76039-7739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38577

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

William Devine

Mailing Address 802 Woodberry Ct

City State Zip Code  
 Euless TX 76039-7739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41187

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Jason P Dickson Mailing Address PO Box 208 City Waco State TX Zip Code 76703 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <b>Transaction ID:</b> C38578 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	5	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	5		2	0	0	5																							
50.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Jason P Dickson Mailing Address PO Box 208 City Waco State TX Zip Code 76703 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <b>Transaction ID:</b> C41188 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	5	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	8		2	0	0	5																							
100.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) DEISLAVA DIMITROVA Mailing Address 3707 N 109th PLZ #10 City OMAHA State NE Zip Code 68164 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> <b>Transaction ID:</b> C38968 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	5	75.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	0		2	5		2	0	0	5																							
75.00																																
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		<table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table>	225.00																													
225.00																																
<b>TOTAL</b> This Period (last page this line number only) .....		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.** Full Name (Last, First, Middle Initial)  
DESISLAVA DIMITROVA

Mailing Address 3707 N 109th PLZ  
#10

City State Zip Code  
OMAHA NE 68164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41216

Amount of Each Receipt this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
Bret R FELS

Mailing Address 6415 GREY RIDGE

City State Zip Code  
SAN ANTONIO TX 78233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C39018

Amount of Each Receipt this Period

160.00

**C.** Full Name (Last, First, Middle Initial)  
Bret R FELS

Mailing Address 6415 GREY RIDGE

City State Zip Code  
SAN ANTONIO TX 78233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41211

Amount of Each Receipt this Period

160.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Brian Flannery Mailing Address 20169 Bradgate Ln City Strongsville State OH Zip Code 44149-6779 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38595</b> Amount of Each Receipt this Period 40.00
<b>B.</b> Full Name (Last, First, Middle Initial) Brian Flannery Mailing Address 20169 Bradgate Ln City Strongsville State OH Zip Code 44149-6779 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41160</b> Amount of Each Receipt this Period 80.00
<b>C.</b> Full Name (Last, First, Middle Initial) Donald Foti Mailing Address 4900 DRY CREEK ROAD City Napa State CA Zip Code 94558 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38596</b> Amount of Each Receipt this Period 800.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		920.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Donald Foti		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 4900 DRY CREEK ROAD		<b>Transaction ID:</b> C41234	
City Napa	State CA	Zip Code 94558	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Foti		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 1351 Hampton Ct		<b>Transaction ID:</b> C38597	
City Discovery Bay	State CA	Zip Code 94514-9291	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Foti		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 1351 Hampton Ct		<b>Transaction ID:</b> C41222	
City Discovery Bay	State CA	Zip Code 94514-9291	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Cindy Furer

Mailing Address 374 E Pelican Ct

City State Zip Code  
 Fresno CA 93720-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38600

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Cindy Furer

Mailing Address 374 E Pelican Ct

City State Zip Code  
 Fresno CA 93720-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41240

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Larry Geneser

Mailing Address 13515 S Pebblebrook Ln

City State Zip Code  
 Greenwood MO 64034-8211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3803.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38603

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Geneser		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 13515 S Pebblebrook Ln		<b>Transaction ID:</b> C41247
City Greenwood	State MO	Zip Code 64034-8211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3803.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Eric Giglione		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 18 Driftwood Ln		<b>Transaction ID:</b> C38606
City Colts Neck	State NJ	Zip Code 07722-2120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5643.22	

<b>C.</b> Full Name (Last, First, Middle Initial) Eric Giglione		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 18 Driftwood Ln		<b>Transaction ID:</b> C41248
City Colts Neck	State NJ	Zip Code 07722-2120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5643.22	

**SUBTOTAL** of Receipts This Page (optional) .....

4800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Joshua B GOODMAN

Mailing Address 14009 W 30th LN

City State Zip Code  
**GOLDEN CO 80401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 0 5**

Transaction ID: C39093

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** Joshua B GOODMAN

Mailing Address 14009 W 30th LN

City State Zip Code  
**GOLDEN CO 80401**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 2 8 / 2 0 0 5**

Transaction ID: C41161

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** MARK GORMAN

Mailing Address 260 W PROSPECT AVE

City State Zip Code  
**PITTSBURGH PA 15205**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.11

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 0 5**

Transaction ID: C39100

Amount of Each Receipt this Period

64.00

**SUBTOTAL** of Receipts This Page (optional) .....

**184.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** MARK GORMAN

Mailing Address 260 W PROSPECT AVE

City State Zip Code  
 PITTSBURGH PA 15205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.11

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41156

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

**B.** Erik Graham

Mailing Address 928 N Turner Ave  
 Apt 34

City State Zip Code  
 Ontario CA 91764-5363

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN INCOME LIFE INS.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38609

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Erik Graham

Mailing Address 928 N Turner Ave  
 Apt 34

City State Zip Code  
 Ontario CA 91764-5363

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMERICAN INCOME LIFE INS.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41190

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

264.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Greer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address PO Box 208		<b>Transaction ID:</b> C38611
City Waco	State TX	Zip Code 76703-0208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer NATIONAL INCOME LIFE	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3650.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Steven Greer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address PO Box 208		<b>Transaction ID:</b> C41241
City Waco	State TX	Zip Code 76703-0208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer NATIONAL INCOME LIFE	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3650.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Nickolay A Gusev		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 10803 W 75TH TERRACE No. 2		<b>Transaction ID:</b> C39116
City Shawnee	State KS	Zip Code 66204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Nickolay A Gusev

Mailing Address 10803 W 75TH TERRACE  
No. 2

City State Zip Code  
Shawnee KS 66204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41162

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** Freder Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City State Zip Code  
LEBANON PA 17042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C39120

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** Freder Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City State Zip Code  
LEBANON PA 17042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41233

Amount of Each Receipt this Period

640.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

John Hancock

Mailing Address 4127 Timber Ct

City State Zip Code  
 Indianapolis IN 46250-2279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38616

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

John Hancock

Mailing Address 4127 Timber Ct

City State Zip Code  
 Indianapolis IN 46250-2279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41217

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

Mark Hancock

Mailing Address 12546 Walnut Ridge Pl

City State Zip Code  
 Fishers IN 46038-1188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO.

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38617

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Hancock Mailing Address 12546 Walnut Ridge Pl City Fishers State IN Zip Code 46038-1188 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4200.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41242</b> Amount of Each Receipt this Period 1200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Victor Hancock Mailing Address 2375 S Glenn Ln City Salem State IN Zip Code 47167-7596 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3400.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38618</b> Amount of Each Receipt this Period 1600.00
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Hartman Mailing Address 21215 N 53rd Ave City Glendale State AZ Zip Code 85308-9145 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMERICAN INCOME LIFE INS. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3900.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38621</b> Amount of Each Receipt this Period 1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Hartman Mailing Address 21215 N 53rd Ave City Glendale State AZ Zip Code 85308-9145 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMERICAN INCOME LIFE INS. Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3900.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41243</b> Amount of Each Receipt this Period 1200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rob Hay Mailing Address PO Box 208 City Waco State TX Zip Code 76703-0208 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41262</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Willie Hayden Mailing Address 3 PLANFIELD St City ENFIELD State CT Zip Code 06082 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 388.22			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C39152</b> Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Willie Hayden Mailing Address 3 PLANFIELD St City ENFIELD State CT Zip Code 06082 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 388.22		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41205</b> Amount of Each Receipt this Period 120.00
<b>B.</b> Full Name (Last, First, Middle Initial) William Heath Mailing Address 3833 A RUE VOLTAIRE City INDIANAPOLIS State IN Zip Code 46220 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38625</b> Amount of Each Receipt this Period 200.00
<b>C.</b> Full Name (Last, First, Middle Initial) William Heath Mailing Address 3833 A RUE VOLTAIRE City INDIANAPOLIS State IN Zip Code 46220 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41218</b> Amount of Each Receipt this Period 200.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		520.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Wayne G Hendricks

Mailing Address 11151 W MEINECKI

City State Zip Code  
**WAUWATOSA WI 53226**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 0 5**

Transaction ID: C39163

Amount of Each Receipt this Period

104.00

Full Name (Last, First, Middle Initial)

**B.** Wayne G Hendricks

Mailing Address 11151 W MEINECKI

City State Zip Code  
**WAUWATOSA WI 53226**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 2 8 / 2 0 0 5**

Transaction ID: C40841

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C.** Hal Herman

Mailing Address 8657 BONVIEW TERRACE

City State Zip Code  
**WILLIAMSVILLE NY 14221**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 0 5**

Transaction ID: C39167

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**220.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Hal Herman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 8657 BONVIEW TERRACE		<b>Transaction ID:</b> C41191
City WILLIAMSVILLE	State NY	Zip Code 14221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer National Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gabriel Hernandez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address PO Box 208		<b>Transaction ID:</b> C38627
City Waco	State TX	Zip Code 76703-0208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 388.22	

<b>C.</b> Full Name (Last, First, Middle Initial) Gabriel Hernandez		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address PO Box 208		<b>Transaction ID:</b> C41206
City Waco	State TX	Zip Code 76703-0208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 388.22	

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Peter Highberg

Mailing Address 473 CARNEGIE DRIVE

City State Zip Code  
 PITTSBURGH PA 15243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C39174

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Peter Highberg

Mailing Address 473 CARNEGIE DRIVE

City State Zip Code  
 PITTSBURGH PA 15243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41192

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** ROBERT T HUGHES

Mailing Address 5040 W 190TH STREET

City State Zip Code  
 COUNTRY CLUB IL 60411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38631

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** ROBERT T HUGHES

Mailing Address 5040 W 190TH STREET

City State Zip Code  
 COUNTRY CLUB IL 60411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41227

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** David Iriye

Mailing Address 4838 Dunrobin Ave

City State Zip Code  
 Lakewood CA 90713-2322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38633

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** David Iriye

Mailing Address 4838 Dunrobin Ave

City State Zip Code  
 Lakewood CA 90713-2322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41193

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Samuel L James

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38636

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. John Jatoft

Mailing Address 277

1777 Oakland Blvd

City

Walnut Creek

State

CA

Zip Code

94596-4095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3243.22

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38637

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. John Jatoft

Mailing Address 277

1777 Oakland Blvd

City

Walnut Creek

State

CA

Zip Code

94596-4095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3243.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41235

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1720.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Allan Jennings

Mailing Address 346 Dimaggio Dr

City State Zip Code  
 Tooele UT 84074-9296

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38638

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

**B.** Allan Jennings

Mailing Address 346 Dimaggio Dr

City State Zip Code  
 Tooele UT 84074-9296

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C40513

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

**C.** William Jennings

Mailing Address 4329 S Alton St

City State Zip Code  
 Greenwood Village CO 80111-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38639

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

816.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. William Jennings

Mailing Address 4329 S Alton St

City

Greenwood Village

State

CO

Zip Code

80111-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41236

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Rusty B Jewell

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38640

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Rusty B Jewell

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41237

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Theresa L. Kandt

Mailing Address 66755 Powell Rd

City

Washington

State

MI

Zip Code

48095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 42

Occupation

Sec-Treas.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 5

Transaction ID: C38377

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Theresa L. Kandt

Mailing Address 66755 Powell Rd

City

Washington

State

MI

Zip Code

48095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 42

Occupation

Sec-Treas.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 5

Transaction ID: C39869

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Theresa L. Kandt

Mailing Address 66755 Powell Rd

City

Washington

State

MI

Zip Code

48095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 42

Occupation

Sec-Treas.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41288

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional) .....

78.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Adam Kiss

Mailing Address 89 HIGHLAND AVE

City State Zip Code  
**EASTCHESTER NY 10709**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 0 5**

**Transaction ID: C39267**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Adam Kiss

Mailing Address 89 HIGHLAND AVE

City State Zip Code  
**EASTCHESTER NY 10709**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 2 / 2 8 / 2 0 0 5**

**Transaction ID: C41219**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Christopher Lafond

Mailing Address 8030 Sherwood Dr

City State Zip Code  
**Presto PA 15142-1078**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2616.00

Date of Receipt

M M / D D / Y Y Y Y  
**1 0 / 2 5 / 2 0 0 5**

**Transaction ID: C38649**

Amount of Each Receipt this Period

816.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1216.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 45 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Christopher Lafond

Mailing Address 8030 Sherwood Dr

City State Zip Code  
Presto PA 15142-1078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2616.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41238

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B.** SCOTT LATTA

Mailing Address 4400 BAYOU BLVD STE 39B  
Suite 39B

City State Zip Code  
PENSACOLA FL 32503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C39300

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** SCOTT LATTA

Mailing Address 4400 BAYOU BLVD STE 39B  
Suite 39B

City State Zip Code  
PENSACOLA FL 32503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41228

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Herman Libman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 509 1-D OAKLYNN COURT		<b>Transaction ID:</b> C38652
City PITTSBURGH	State PA	Zip Code 15220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.22	

<b>B.</b> Full Name (Last, First, Middle Initial) Herman Libman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 509 1-D OAKLYNN COURT		<b>Transaction ID:</b> C41165
City PITTSBURGH	State PA	Zip Code 15220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.22	

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Maloney		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 84 FOX HILL RD		<b>Transaction ID:</b> C45513
City SPRINGFIELD	State MA	Zip Code 01118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.22	

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Maloney Mailing Address 84 FOX HILL RD City SPRINGFIELD State MA Zip Code 01118 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 393.22		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C45515</b> Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Joe Manone Mailing Address N89 W15883 Main St City Menomonee Falls State WI Zip Code 53051-2938 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3900.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38656</b> Amount of Each Receipt this Period 1200.00
<b>C.</b> Full Name (Last, First, Middle Initial) Joe Manone Mailing Address N89 W15883 Main St City Menomonee Falls State WI Zip Code 53051-2938 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3900.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41244</b> Amount of Each Receipt this Period 1200.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Rick Mansfield

Mailing Address 81 Austin St

City

Portland

State

ME

Zip Code

04103-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38657

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Rick Mansfield

Mailing Address 81 Austin St

City

Portland

State

ME

Zip Code

04103-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.  
CO

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41229

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Ryan A Mansueto

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41212

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional) .....

960.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. John McCreary

Mailing Address 8060 N Augusta St

City State Zip Code  
 Fresno CA 93720-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38659

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. John McCreary

Mailing Address 8060 N Augusta St

City State Zip Code  
 Fresno CA 93720-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41220

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code  
 Seattle WA 98103-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 8

Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 0 5

Transaction ID: C36451

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code  
 Seattle WA 98103-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 8

Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 5

Transaction ID: C38388

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code  
 Seattle WA 98103-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 8

Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 8 / 2 0 0 5

Transaction ID: C39804

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code  
 Seattle WA 98103-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 8

Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41263

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Suzanne Mode

Mailing Address 6515 Francis Ave N

City State Zip Code  
 Seattle WA 98103-5243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 8

Occupation  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 5

Transaction ID: C41395

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**B.** Jason A Mollo

Mailing Address PO Box 208

City State Zip Code  
 Waco TX 76703-0208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38663

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Jason A Mollo

Mailing Address PO Box 208

City State Zip Code  
 Waco TX 76703-0208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41207

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

337.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Maxine V Moody

Mailing Address PO Box 208

City State Zip Code  
Waco TX 76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38665

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

Maxine V Moody

Mailing Address PO Box 208

City State Zip Code  
Waco TX 76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41208

Amount of Each Receipt this Period

120.00

C. Full Name (Last, First, Middle Initial)

Marc Morton

Mailing Address 2476 Powell Ave

City State Zip Code  
Columbus OH 43209-1749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38666

Amount of Each Receipt this Period

1600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1920.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Marc Morton		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 2476 Powell Ave		<b>Transaction ID:</b> C41249
City Columbus	State OH	Zip Code 43209-1749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Eric J Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 256 BRUSH TRAIL BEND		<b>Transaction ID:</b> C39447
City CIBOLO	State TX	Zip Code 78108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3760.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Eric J Neal		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 256 BRUSH TRAIL BEND		<b>Transaction ID:</b> C41245
City CIBOLO	State TX	Zip Code 78108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3760.00	

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

**A.** Full Name (Last, First, Middle Initial)  
Nicholas Nitkowski

Mailing Address 2156 42nd St  
Apt 210

City State Zip Code  
Kenner LA 70065-2297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38670

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
Dorian S Oldham

Mailing Address 1477 Chigwell Ln N

City State Zip Code  
Webster NY 14580-9767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL INCOME LIFE

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38674

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
Dorian S Oldham

Mailing Address 1477 Chigwell Ln N

City State Zip Code  
Webster NY 14580-9767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL INCOME LIFE

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41196

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** DURHON RENAH R OLDHAM

Mailing Address 1477 CHIGWELL LNN

City State Zip Code  
**WEBSTER NY 14580**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5446.22**

Date of Receipt

**10 / 25 / 2005**

Transaction ID: C38675

Amount of Each Receipt this Period

**1600.00**

Full Name (Last, First, Middle Initial)

**B.** DURHON RENAH R OLDHAM

Mailing Address 1477 CHIGWELL LNN

City State Zip Code  
**WEBSTER NY 14580**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5446.22**

Date of Receipt

**12 / 28 / 2005**

Transaction ID: C41250

Amount of Each Receipt this Period

**1600.00**

Full Name (Last, First, Middle Initial)

**C.** ROBERT OLSON, Jr

Mailing Address 26561 W HIGHLAND DRIVE

City State Zip Code  
**CHANNAHON IL 60410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 25 / 2005**

Transaction ID: C39474

Amount of Each Receipt this Period

**1600.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**4800.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** ROBERT OLSON, Jr

Mailing Address 26561 W HIGHLAND DRIVE

City State Zip Code  
 CHANNAHON IL 60410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41251

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**B.** Gleb Ostrovsky

Mailing Address 110 GREENRIDGE DRIVE

City State Zip Code  
 MADISON MS 39110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C39480

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Gleb Ostrovsky

Mailing Address 110 GREENRIDGE DRIVE

City State Zip Code  
 MADISON MS 39110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41230

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Patrick Parisi

Mailing Address PO Box 206

City State Zip Code  
 Finleyville PA 15332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38679

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)

Patrick Parisi

Mailing Address PO Box 206

City State Zip Code  
 Finleyville PA 15332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41168

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)

GREGORY PARTEE

Mailing Address 5410 HAMES TRCE

City State Zip Code  
 LOUISVILLE KY 40291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38682

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional) .....

161.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** GREGORY PARTEE

Mailing Address 5410 HAMES TRCE

City State Zip Code  
 LOUISVILLE KY 40291

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41221

Amount of Each Receipt this Period

202.00

Full Name (Last, First, Middle Initial)

**B.** DANIEL S PHARES

Mailing Address 140 SUN VALLEY DRIVE

City State Zip Code  
 MORGANTOWN WV 26508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C39500

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C.** DANIEL S PHARES

Mailing Address 140 SUN VALLEY DRIVE

City State Zip Code  
 MORGANTOWN WV 26508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41169

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

362.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Vedran Pipinic Mailing Address 6089 CO ROAD 4 City MINTO State ND Zip Code 58261 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Giglione Agencies Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38685</b> Amount of Each Receipt this Period 80.00
<b>B.</b> Full Name (Last, First, Middle Initial) Vedran Pipinic Mailing Address 6089 CO ROAD 4 City MINTO State ND Zip Code 58261 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Giglione Agencies Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41170</b> Amount of Each Receipt this Period 80.00
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Pope Mailing Address PO Box 208 City Waco State TX Zip Code 76703-0208 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38687</b> Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Michael Pope

Mailing Address PO Box 208

City State Zip Code  
Waco TX 76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41171

Amount of Each Receipt this Period

80.00

B. Full Name (Last, First, Middle Initial)

Alex J Roland

Mailing Address 277  
15719 R Plz

City State Zip Code  
Omaha NE 68135-6470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.22

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38695

Amount of Each Receipt this Period

80.00

C. Full Name (Last, First, Middle Initial)

Alex J Roland

Mailing Address 277  
15719 R Plz

City State Zip Code  
Omaha NE 68135-6470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41172

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** TORRENCE ROWELL

Mailing Address 239 ORCHARD DR

City State Zip Code  
 TEMPLE GA 30179

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C39575

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B.** TORRENCE ROWELL

Mailing Address 239 ORCHARD DR

City State Zip Code  
 TEMPLE GA 30179

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41213

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**C.** Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code  
 Carmichael CA 95609-0149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 8 / 2 0 0 5

Transaction ID: C38418

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Tamara Rubyn

Mailing Address PO Box 149

City State Zip Code  
 Carmichael CA 95609-0149

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOCAL 29

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 5

Transaction ID: C39863

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** Paul D Rumbuc

Mailing Address 5617 WOODED LAKE DRIVE

City State Zip Code  
 Louisville KY 40299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38699

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**C.** Paul D Rumbuc

Mailing Address 5617 WOODED LAKE DRIVE

City State Zip Code  
 Louisville KY 40299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41252

Amount of Each Receipt this Period

1600.00

**SUBTOTAL** of Receipts This Page (optional) .....

3225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia Sanchez Mailing Address 344 Rock Creek Way City Pleasant Hill State CA Zip Code 94523-4718 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LOCAL 29 Occupation Secretary-Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5 <b>Transaction ID: C38419</b> Amount of Each Receipt this Period 40.00
<b>B.</b> Full Name (Last, First, Middle Initial) Patricia Sanchez Mailing Address 344 Rock Creek Way City Pleasant Hill State CA Zip Code 94523-4718 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LOCAL 29 Occupation Secretary-Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 <b>Transaction ID: C39864</b> Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Tim Schroeder Mailing Address 5525 N Macarthur Blvd Ste 575 City Irving State TX Zip Code 75038-2648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38703</b> Amount of Each Receipt this Period 100.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		165.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Tim Schroeder Mailing Address 5525 N Macarthur Blvd Ste 575 City Irving State TX Zip Code 75038-2648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41198</b> Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ray Sharples Mailing Address 118 BEN St City BRISTOL State CT Zip Code 06010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 393.22		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C39598</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ray Sharples Mailing Address 118 BEN St City BRISTOL State CT Zip Code 06010 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 393.22		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41200</b> Amount of Each Receipt this Period 100.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Rona Spano		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	5		2	0	0	5													
Mailing Address 8225 Bailey Rd		<b>Transaction ID:</b> C38711																				
City State Zip Code Darien IL 60561-5301		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">80.00</td> </tr> </table>	80.00																			
80.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer American Income Life	Occupation Insurance Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">260.00</td> </tr> </table>	260.00																				
260.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) Rona Spano		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	8		2	0	0	5													
Mailing Address 8225 Bailey Rd		<b>Transaction ID:</b> C41174																				
City State Zip Code Darien IL 60561-5301		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">80.00</td> </tr> </table>	80.00																			
80.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer American Income Life	Occupation Insurance Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">260.00</td> </tr> </table>	260.00																				
260.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) Patrick Stenglein		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	5		2	0	0	5													
Mailing Address PO Box 208		<b>Transaction ID:</b> C38713																				
City State Zip Code Waco TX 76703-0208		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">80.00</td> </tr> </table>	80.00																			
80.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer American Income Life	Occupation Insurance Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">280.00</td> </tr> </table>	280.00																				
280.00																						

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick Stenglein Mailing Address PO Box 208 City State Zip Code Waco TX 76703-0208 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41175</b> Amount of Each Receipt this Period 80.00
<b>B.</b> Full Name (Last, First, Middle Initial) James Surace Mailing Address PO Box 33160 City State Zip Code North Royalton OH 44133-0160 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5824.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38714</b> Amount of Each Receipt this Period 1664.00
<b>C.</b> Full Name (Last, First, Middle Initial) James Surace Mailing Address PO Box 33160 City State Zip Code North Royalton OH 44133-0160 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5824.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41257</b> Amount of Each Receipt this Period 1664.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			3408.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Leslie Taylor Mailing Address 1125 Vicksburg Dr City State Zip Code Festus MO 63028-3479 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMERICAN INCOME Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38716</b> Amount of Each Receipt this Period 800.00
<b>B.</b> Full Name (Last, First, Middle Initial) Leslie Taylor Mailing Address 1125 Vicksburg Dr City State Zip Code Festus MO 63028-3479 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMERICAN INCOME Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41239</b> Amount of Each Receipt this Period 800.00
<b>C.</b> Full Name (Last, First, Middle Initial) Lily T TCHEN Mailing Address 10541 NATIONAL BLVD #5 City State Zip Code LOS ANGELES CA 90034 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C39666</b> Amount of Each Receipt this Period 40.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1640.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Lily T TCHEN Mailing Address 10541 NATIONAL BLVD #5 City LOS ANGELES State CA Zip Code 90034 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41176</b> Amount of Each Receipt this Period 80.00
<b>B.</b> Full Name (Last, First, Middle Initial) Krista M THIEME Mailing Address 1 W CAMPBELL AVE #2130 City PHOENIX State AZ Zip Code 85013 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C39673</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Krista M THIEME Mailing Address 1 W CAMPBELL AVE #2130 City PHOENIX State AZ Zip Code 85013 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41201</b> Amount of Each Receipt this Period 100.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. John J THOMAS

Mailing Address 408 BUCKEYE ST

City State Zip Code  
 GREENSBURG PA 15601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C39674

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. John J THOMAS

Mailing Address 408 BUCKEYE ST

City State Zip Code  
 GREENSBURG PA 15601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 8 / 2 0 0 5

Transaction ID: C41177

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Timothy J Tripp

Mailing Address PO Box 208

City State Zip Code  
 Waco TX 76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL INCOME LIFE

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.22

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 5

Transaction ID: C38720

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

185.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Timothy J Tripp

Mailing Address PO Box 208

City

Waco

State

TX

Zip Code

76703-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL INCOME LIFE

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

243.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41062

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** Robert Ulreich

Mailing Address 180 Vista Del Mar

City

San Rafael

State

CA

Zip Code

94901-4843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38722

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Robert Ulreich

Mailing Address 180 Vista Del Mar

City

San Rafael

State

CA

Zip Code

94901-4843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41202

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Vanwoesik Mailing Address 1813 Glenville Dr City State Zip Code Allen TX 75013-3066 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38723</b> Amount of Each Receipt this Period 400.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Vanwoesik Mailing Address 1813 Glenville Dr City State Zip Code Allen TX 75013-3066 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1240.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41231</b> Amount of Each Receipt this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ligia Velazquez Mailing Address 2800 1st Ave City State Zip Code Seattle WA 98121-1114 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OPEIU LOCAL 8 Occupation Business Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 5 <b>Transaction ID: C36454</b> Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) .....

**815.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Ligia Velazquez

Mailing Address 2800 1st Ave

City

Seattle

State

WA

Zip Code

98121-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 8

Occupation

Business Representative

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 5

Transaction ID: C38392

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Ligia Velazquez

Mailing Address 2800 1st Ave

City

Seattle

State

WA

Zip Code

98121-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 8

Occupation

Business Representative

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: C39808

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Ligia Velazquez

Mailing Address 2800 1st Ave

City

Seattle

State

WA

Zip Code

98121-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OPEIU LOCAL 8

Occupation

Business Representative

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41264

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Ligia Velazquez Mailing Address 2800 1st Ave City State Zip Code Seattle WA 98121-1114 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OPEIU LOCAL 8 Occupation Business Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 <b>Transaction ID: C41381</b> Amount of Each Receipt this Period 16.00
<b>B.</b> Full Name (Last, First, Middle Initial) John West Mailing Address 5304 Kentucky St City State Zip Code Charleston WV 25309-1004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38727</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) John West Mailing Address 5304 Kentucky St City State Zip Code Charleston WV 25309-1004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41203</b> Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) .....

216.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Gary Williams

Mailing Address 903 Murfreesboro St

City State Zip Code  
Murfreesboro TN 37127-4765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38730

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Gary Williams

Mailing Address 903 Murfreesboro St

City State Zip Code  
Murfreesboro TN 37127-4765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 5

Transaction ID: C41232

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)

Thomas Williams

Mailing Address 10246 SW 22nd Pl

City State Zip Code  
Davie FL 33324-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 5

Transaction ID: C38731

Amount of Each Receipt this Period

1600.00

**SUBTOTAL** of Receipts This Page (optional) .....

2400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Thomas Williams

Mailing Address 10246 SW 22nd Pl

City	State	Zip Code
Davie	FL	33324-7613

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Income LifeOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	5

Transaction ID: C41253

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**B.** JAMES WITTENBACH

Mailing Address 1043 RN WHITFIELD STREET

City	State	Zip Code
FLORENCE	MS	39073

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Income LifeOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	5

Transaction ID: C38734

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Catherine YoungMailing Address 3123 Sweetwater Springs Blvd  
#86

City	State	Zip Code
Spring Valley	CA	91978

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KaiserOccupation  
Clerical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	5

Transaction ID: C41406

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

2200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Catherine Young Mailing Address 3123 Sweetwater Springs Blvd #86 City State Zip Code Spring Valley CA 91978 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Kaiser Clerical Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 <b>Transaction ID: C41426</b> Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) David Zophin Mailing Address 277 6300 Roundrock Trl City State Zip Code Plano TX 75023-3425 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation American Income Life Insurance Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID: C38737</b> Amount of Each Receipt this Period 1600.00
<b>C.</b> Full Name (Last, First, Middle Initial) David Zophin Mailing Address 277 6300 Roundrock Trl City State Zip Code Plano TX 75023-3425 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation American Income Life Insurance Agent Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 <b>Transaction ID: C41254</b> Amount of Each Receipt this Period 1600.00

**SUBTOTAL** of Receipts This Page (optional) .....

**3210.00**

**TOTAL** This Period (last page this line number only) .....

**88557.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 82

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** OPEIU Michigan Voice of the Electorate

Mailing Address 1660 L Street NW  
Suite 801

City Washington State DC Zip Code 20036

Purpose of Disbursement  
OPEIU Michigan PAC Contributions

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

O

Transaction ID: D74

Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

3546.50

**SUBTOTAL** of Disbursements This Page (optional) .....

3546.50

**TOTAL** This Period (last page this line number only) .....

3546.50

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 82

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A. BERNIE SANDERS FUND; THE**

Mailing Address PO BOX 391

City  
BURLINGTON

State  
VT

Zip Code  
05402

Purpose of Disbursement  
VT - US Senate

Candidate Name  
Bernie Sanders

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District:

Transaction ID: D63

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address P.O. Box 141

City  
Lorain

State  
OH

Zip Code  
44052

Purpose of Disbursement  
OH State Congressman

Candidate Name  
Mr. Sherrod Brown

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: D67

Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. KENNEDY FOR SENATE 2006**

Mailing Address 301 4TH ST NE SUITE 202

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
US Senator

Candidate Name  
Edward Kennedy

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: D62

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

2250.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Paul Collins

Mailing Address 27 Newbury Street

City Revere State MA Zip Code 02151

Purpose of Disbursement  
MA School Committee, City of Revere

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2005 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: O

**Transaction ID: D59**

Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Committee to Elect Barbara L'Italien

Mailing Address P.O. Box 1936

City Andover State MA Zip Code 01810

Purpose of Disbursement  
MA State Representative, Essex County

Candidate Name  
Ms. Barbara L'Italien

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2005 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D70**

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Debbie Smith

Mailing Address 1701 Withney Mesa Drive  
No. 102

City Henderson State NV Zip Code 89014

Purpose of Disbursement  
NV, County Assembly

Candidate Name  
Ms. DEBBIE Smith

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2005 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District:

**Transaction ID: D66**

Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Ms. SUSAN Fuldauer

Mailing Address 7229 KINGMAN CIRCLE

City  
INDIANAPOLIS

State  
IN

Zip Code  
46256

Purpose of Disbursement  
IN State Representative

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D72**

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** MA Podiatric Medical Society

Mailing Address 10 Maple Street  
Suite 301

City  
Middleton

State  
MA

Zip Code  
01949

Purpose of Disbursement  
MA Podiatric Medical Society

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D68**

Date of Disbursement

10 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Jonathan A. Saidel

Mailing Address 150 Chestnut  
Suite 500

City  
Philadelphia

State  
PA

Zip Code  
19102

Purpose of Disbursement  
PA State Future Plans

Candidate Name  
Mr. Jonathan A. Saidel

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D71**

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Ms. Valerie Baston-young

Mailing Address P.O. BOX 40801

City Fort Worth State TX Zip Code 76140

Purpose of Disbursement  
TX Justice of Peace, PCT 7

Candidate Name  
VALERIE BASTON-YOUNG

Office Sought: ☐ House  
☐ Senate  
☐ President

State: TX District:

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D65**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** The Committee to Elect Maureen Carney

Mailing Address PO Box 773

City Northampton State MA Zip Code 01061

Purpose of Disbursement  
MA City Council, Northampton

Candidate Name  
Maureen Carney

Office Sought: ☐ House  
☐ Senate  
☐ President

State: MA District:

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

**Transaction ID: D60**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** The Committee to Elect Pat Jehlen

Mailing Address 67 Dane Street

City Somerville State MA Zip Code 02143

Purpose of Disbursement  
MA State Senate Race

Candidate Name  
Patricia Jehlen

Office Sought: ☐ House  
☐ Senate  
☐ President

State: MA District:

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

**Transaction ID: D61**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** The Committee to Elect William Bud Taylor

Mailing Address 63 Jamestown Road

City Leominster State MA Zip Code 01453

Purpose of Disbursement  
MA City Council, Leomister

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D69

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

6150.00